

05/13/99
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. SWA-3.2.016/2144
First Inventor or Application Identifier Frank B. Norman
Title INTERACTIVE REVERSE CHANNEL FOR DIRECT
BROADCAST SATELLITE SYSTEM
Express Mail Label No. EL284833465US

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (Total Pages
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
4. Oath or Declaration (Total Pages
 - a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS/PTO-1449 ☐ Copies of IDS Citations
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB-08-12)
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☒ Other: Check NO. for \$916.00

NOTE FOR SMALL ENTITY: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.38).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 668,816
 Prior application information: Examiner Christopher Grant Group / Art Unit: 2711

For CONTINUATION or DIVISIONAL APPLICATION: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

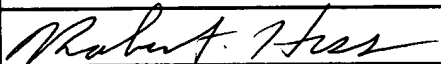
Name	Robert J. Hess, Esq. Cobrin & Gittes				
Address	750 Lexington Avenue 21st Floor				
City	New York	State	NY	Zip Code	10022
Country	U.S.A.	Telephone	(212) 486-4000	Fax	(212) 486-4001

Name (Print/Type)	Robert J. Hess	Registration No. (Attorney/Agent)	32,139
Signature	<i>Robert J. Hess</i>	Date	5/13/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Filing Date</td><td>May 13, 1999</td></tr> <tr><td>First Named Inventor</td><td>Frank B. Norman</td></tr> <tr><td>Examiner Name</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Group / Art Unit</td><td>NOT YET ASSIGNED</td></tr> <tr><td>Attorney Docket No.</td><td>SWA-3.2.016/2144</td></tr> </table>		Application Number	NOT YET ASSIGNED	Filing Date	May 13, 1999	First Named Inventor	Frank B. Norman	Examiner Name	NOT YET ASSIGNED	Group / Art Unit	NOT YET ASSIGNED	Attorney Docket No.	SWA-3.2.016/2144
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TOTAL AMOUNT OF PAYMENT		(\$ 916.00)													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 03-2317</p> <p>Deposit Account Name: COBRIN & GITTES</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101 760</td><td>201 380</td><td>Utility filing fee</td><td>760</td></tr> <tr><td>106 310</td><td>206 155</td><td>Design filing fee</td><td></td></tr> <tr><td>107 480</td><td>207 240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108 760</td><td>208 380</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="3">SUBTOTAL (1)</td><td>(\$ 760)</td></tr> </tbody> </table> <p>2. 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		ROBERT J. HESS, ESQ.		Reg. Number	32,139
Signature				Date	5/13/99
				Deposit Account User ID	03-2317